

COVID-19 Return to Work Safely Protocol

Checklist No.6 - Workers

This checklist has been developed to help inform workers about what they need to do to help prevent the spread of COVID-19 in their workplace. Employers and workers must work together to protect everyone at the workplace. Further information can be found at www.Gov.ie, www.hse.ie, www.hpsc.ie and www.hsa.ie

No.	Controls	✓Yes	✓No	Action Required
1.	Do you feel well and fit enough to return to work?			
2.	Are you keeping up to date with the latest COVID-19 advice from Government?			
3.	Are you aware of the signs and symptoms of COVID-19 ?			
4.	Do you know how the virus is spread ?			
5.	Have you completed a COVID-19 return-to-work form and given it to your employer? (See template Return-to-Work form)			
6.	Have you told your employer if you fall into any of the at higher risk categories ?			
7.	Have you been given an induction before returning to work and made aware of the control measures your employer has put in place to minimise the risk of you and others being exposed to COVID-19? (See Checklist No. 2 Control Measures)			
8.	Did your employer consult ¹ with you when putting these control measures in place?			
9.	Have you co-operated with your employer to make sure these control measures are maintained?			
10.	Do you know who your Worker Representative is and how to contact them?			
11.	Do you know how to contact your Worker Representative if you have any concerns about exposure to COVID-19, control measures not been maintained or have any suggestions that could help prevent the spread of the virus?			

¹ and Trades Unions where applicable

No.	Controls	✓Yes	✓No	Action Required
12.	Do you know what to do in relation to physical distancing, good hand hygiene and respiratory etiquette?			
13.	Do you know how to wash your hands properly?			
14.	Do you know when to wash your hands: i.e. <ul style="list-style-type: none"> • before and after eating and preparing food? • after coughing or sneezing? • after using the toilet? • before smoking or vaping? • where hands are dirty? • before and after wearing gloves? • before and after being on public transport? • before leaving home? • when arriving / leaving the workplace / other sites? • after changing tasks? • after touching potentially contaminated surfaces? • if in contact with someone displaying any COVID-19 symptoms? 			
15.	Do you know where your nearest hand washing / hand sanitising stations are?			
16.	Do you know to avoid touching your face?			
17.	Do you know to keep 2 metres physical distancing from others at all times at work, including in any canteen or wash / changing room?			
18.	Do you know to avoid any physical contact with colleagues, customers or visitors?			
19.	Do you know what to do if you start to develop symptoms of COVID-19 while at work, including where the isolation area is? (See Checklist No. 4)			
20.	Do you understand the purpose of giving your employer any necessary information to maintain a COVID-19 contact log?			
21.	Do you understand any proposed new staff rosters, changing of start / finish times, rostering of breaks etc?			
22.	Have you been made aware of any changes to risk assessments relevant to your work activities and any changes in the safety statement in response to controls to minimise the risk of you and others being exposed to COVID-19?			

No.	Controls	✓Yes	✓No	Action Required
23.	Have you been made aware of any changes to the emergency plans or first aid procedures for your workplace in response to controls to minimise the risk of you and others being exposed to COVID-19?			
24.	Do you know to avoid sharing items such as cups, bottles, cutlery, pens etc.?			
25.	Have you been made aware that any personal items brought into work must be cleaned and to avoid leaving them down on communal surfaces or to clean the surface after the personal item is removed?			
26.	Have you been provided with cleaning materials, including gloves and disinfectant to clean your own workspace twice daily?			
27.	Do you know to clean your hands before and after using public transport when commuting and when you enter and exit the workplace?			
28.	Can you avoid work-related travel as far as possible and are you able to conduct meetings with colleagues / clients / customers in other ways e.g. phone, online rather than in person?			
29.	If using your own car for work, will you travel alone?			
30.	If you have to share a work vehicle, have you access to a face covering and products such as wipes to clean the vehicle's frequently touched surfaces at the start and end of each shift?			
31.	Do you know when you have to wear PPE and how to fit, use, remove, clean, store and dispose of any required PPE?			
32.	Do you know what supports are available to you if you are feeling anxious or stressed?			
Additional Information				

Name: _____ Signature: _____ Date: _____

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